

State of Nebraska

Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
nadc.nebraska.gov



Centre Terrace, 1225 L St. #400
Phone (402) 471-2522
Fax (402) 471-6599

December 30, 2025

Michael Nettleman
307 Vine Street
Bancroft, NE 68004

Re: C-2A Potential Conflict of Interest Statement

Dear Mr. Nettleman,

This will acknowledge receipt of a Potential Conflict of Interest Statement ("Statement"), which you filed with the Nebraska Accountability and Disclosure Commission ("NADC") on Tuesday, December 23, 2025.

You are a member of the Bancroft-Rosalie Board of Education (the "Board"). You are President of that Board. As President of the Board, you are also the lead negotiator with respect to obtaining an Agreement (the "Agreement") with the Bancroft-Rosalie Education Association (the "Association"). Your Statement also reflects the fact that your wife is a teacher with the Association.

§49-1499.03(2)(a) of the Nebraska Political Accountability and Disclosure Act. ("NPADA") provides that if you, as a Board member, are required to, "take any action or make any decision in the discharge of [your] official duties that may cause financial benefit or detriment to [you], a member of your immediate family, or a business with which [you are] associated," then you should, as you have done, prepare and file with the NADC a written statement describing the matter.

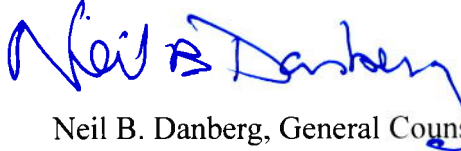
The Agreement between the Board and the Association will affect your wife's compensation. Consequently, the actions which you take in negotiating and voting upon the Agreement will have a direct financial benefit or detriment with respect to your wife. Under these circumstances, you would have a conflict of interest in negotiating and voting upon the Agreement. Consequently, you should recuse yourself from further actions with respect to the negotiation and voting upon the Agreement.

In addressing your Statement, we are relying upon our understanding, as we have expressed it in this letter, of the accuracy and completeness of information and facts which you have provided in your subject Statement. If our expressed understanding of these facts is incorrect or incomplete, please advise us immediately.

Thank you for your filing of the subject Statement.

Please contact me directly if you have any questions concerning this opinion.

Very truly yours,

A handwritten signature in blue ink that reads "Neil B. Danberg". The signature is fluid and cursive, with the first name "Neil" being the most prominent.

Neil B. Danberg, General Counsel

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	POTENTIAL CONFLICT OF INTEREST STATEMENT NADC FORM C-2A	POSTMARK DATE	EM 12/24/25
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3			
OFFICE USE ONLY RECEIVED DEC 23 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION			

- Any public official of any political subdivision must file this form if he or she has a potential conflict of interest. Additionally, any employee of a political subdivision whose annual salary and benefits exceed \$150,000 must file this form if he or she has a potential conflict of interest.
Exception: Public officials required to file a Statement of Financial Interests (Form C-1) should file Form C-2.
- This form should be filed with the person who normally keeps records for the political subdivision. The form may be filed with the Nebraska Accountability and Disclosure Commission to request an opinion from the NADC.
- Persons who fail to disclose a potential conflict of interest or who otherwise do not comply with the law are subject to penalties.

ITEM 1	NAME, ADDRESS AND TELEPHONE NUMBER			
Name <u>Nottlemann Michael E.</u> Telephone No. <u>(402) 648-7668</u> Last First Middle				
Address <u>307 Vine St. (P.O. Box 41)</u> <u>Barcroft</u> <u>NE</u> <u>68004</u> STREET ADDRESS OR RURAL ROUTE City STATE ZIP CODE				

ITEM 2	TITLE, AGENCY, ADDRESS AND PHONE	
Your Title _____ Agency _____ Agency Address _____ Agency Phone _____		

ITEM 3	DESCRIBE POTENTIAL CONFLICT OF INTEREST IN DETAIL (Use Item 6 Continuation, if necessary)
Date action is to be taken or decision is to be made: _____ Description of Potential Conflict: My wife is employed by the school as as my oldest son as as as teacher.	

ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT☐ You☒ Member of your Immediate Family:Melinda J. Doltmann

NAME

Business With Which You

☐ Are Associated (See Definitions)

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENTNormal teacher salaries.**ITEM 6 CONTINUATION**

(SIGNATURE)

Michael E. Doltmann

(DATE)

2-10-25